

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr.</i>	<i>67814</i>	<i>9/13/02</i>
O.I.P.E. CLASSIFIER		<i>49</i>	<i>9/18/00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>60135</i>	<i>12/5/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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